In re Application of: AARON BRATSLAVSKY EXAL. Docket No. 01873.000049.

Application No.: 10/067,753

Examiner: Allen C. Ho

Filed: February 8, 2002

Group Art Unit: 2882

For:

DENTAL X-RAY POSITIONING

USING ADHESIVES

Date: May 7, 2004

MAIL STOP- AMENDMENT THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 25 | MINUS | ** 20 | = 5 | x \$9 \$18 | 45 |
| INDEP. CLAIMS | * 8 | MINUS | *** 4 | = 4 | x \$43 \$86 | 172 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | -0- |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$217 |

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

| | Verified Statement claiming small entity status is enclosed, if not filed previously. |
|--------|---|
| X | A check in the amount of \$\(\) 217.00 is enclosed. |
| | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed |
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
| | A check in the amount of \$ to cover the fee for a month extension is enclosed. |
| | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed. |
| X | Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below. |
| | Respectfully submitted, |
|) Þ | Attorney for Applicants |
| | Registration No. 35,345 |

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Min re At | oplication of: |) | |
|--------------------------|--------------------------|---|-----------------------|
| | · | : | Examiner: Allen C. Ho |
| AARON BRATSLAVSKY ET AL. | | ; | Group Art Unit: 2882 |
| Appln. No.: 10/067,753 | |) | |
| Filed: | February 8, 2002 |) | |
| For: | DENTAL X-RAY POSITIONING | : | 7. 7. 2004 |
| | USING ADHESIVES | • | May 7, 2004 |

Mail Stop: Amendment
The Commissioner for PatentsP.O. Box 1450

Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

In response to the Office Action dated March 8, 2004, please amend the above-identified application as follows. The claims changes are reflected in the listing that begins at page 2, and the Remarks begin at page 10.

05/11/2004 EFLORES 00000040 10067753

01 FC:2201 02 FC:2202 172.00 OP 45.00 OP